



IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jaimie Gomez Gonzalez

Serial No. : 10/587,089

Filing date : July 21, 2006

Title: REGISTRABLE MODULAR COVERING FOR ROAD SURFACES

Examiner: Alina Schiller

Art Unit: 3671

September 17, 2008

Attorney's Docket No.: ASP206T2

TRANSMITTAL LETTER

Hon. Commissioner of Patents and Trademarks

P.O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith for filing is:

<X> INFORMATION DISCLOSURE STATEMENT dated September 17, 2008

<X> INFORMATION DISCLOSURE CITATION

<X> COPIES OF REFERENCES: GB 2 309 042; DE 33 30 612, US2002/0148129
US 3,616,584; US 6,647,684; US 4,744,194

<X> COPY OF INTERNATIONAL SEARCH REPORT

<X> The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16, 1.17 and 1.18 or any additional fees which may be required during the entire pendency of the application, or credit any overpayment, to Acct. No.11-O224. A duplicate copy of this sheet is enclosed. If and only if(r) account funds should be insufficient, immediately contact our associate, Lisa Zumwalt, at (703) 415-0579, who will pay immediately to avoid deprivation of rights.

<> Please charge my Deposit Account No.11-O224 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

A signature or signatures required for the above-recited document(s) is (are) provided here below. Such signature(s) also provide(s) ratification for any required signature appearing to be defective in the above-recited document(s).

Horst M. Kasper

Horst M. Kasper, 13 Forest Drive, Warren, N.J. 07059

Reg. No. 28,559 Tel.(908) 526-1717

CERTIFICATE OF MAILING Under 37 C.F.R 1.8:

I hereby certify that the correspondence attached hereto is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450, on _____

SEP 22 2008

Signature: _____

Name : _____

*%Pci9:d:transT(ASP206T2(September 17, 2008(am/